DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	•	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	****	****	****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	****	****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			****	****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****	 	Monthly	ESTIMA

I WANTED THE PROPERTY OF THE CALLOUT THE C	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 002A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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TYPED OR PRINTED	wouldn't.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

Page 1

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

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NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Free Oil Visual Sheen

51689 RW 0

Receiving Water

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	004A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

Req. Mon.

MO TOTAL

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage

External Outfall

d

No Discharge

VISUAL

Daily

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** ***** ***** ***** SAMPLE Flow rate, deck drainage MEASUREMENT PERMIT ***** ***** ***** ***** ***** 51666 1 0 **ESTIMA** Reg. Mon. bbl/d Monthly REQUIREMENT Effluent Gross MO AVG ***** ***** Free Oil Visual Sheen SAMPLE ***** ***** ***** MEASUREMENT ***** ***** ***** ***** 51689 1 0 PERMIT d Daily VISUAL Reg. Mon. REQUIREMENT Effluent Gross MO TOTAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

1. Free Oil Sheen - # days observed (see attach report).

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 007A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

50060 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

Reg. Mon.

DAILY MX

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

ug/L

No Discharge

Quarterly

GRAB

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS **PARAMETER** EX TYPE **VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** ***** ***** SAMPLE ***** Floating solids, waste or visible MEASUREMENT foam-visual PERMIT ***** ***** ***** ***** ***** 45613 1 0 Y=1;N=0 VISUAL Reg. Mon. Daily REQUIREMENT Effluent Gross VALUE **** SAMPLE ***** ***** ***** ***** Chlorine, total residual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, five, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

Page 1

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Flow	SAMPLE MEASUREMENT		****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	noticols.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

ATTN: Marina Robertson

PACIFIC OCEAN, CA 90802

CAF001148	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Bilge Water
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

51689 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

Req. Mon.

VALUE

PERMIT

REQUIREMENT

CAF001148 014A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

Daily when

Discharging

VISUAL

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			

Y=1;N=0

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 015A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	пошото.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52 PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001148 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	****	*****	*****		Annual	CALCTD

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the formation of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52 PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001148 022A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Diesel Oil Content refers to Diesel Oil Discharge.

TYPED OR PRINTED

2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting failse information, including the possibility of fine and imprisonment for knowing

3. Drill fluid inventory refer to Attachment.

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY **LOCATION:** LAT 33 35 .25 LO 118 07 37.52

ATTN: Marina Robertson

PACIFIC OCEAN, CA 90802

CAF001148 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	002A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/yr	*****	****	*****	*****		Annual	CALCTD

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- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 003A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

DISCHARGE MONITORING REPORT (DMR)

004A-A

DISCHARGE NUMBER

MM/DD/YYYY

11/30/2014

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 00
PERMIT NUMBER DISCHARGE

MONITORING PERIOD

MM/DD/YYYY MM/

11/01/2014 11/

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)
Deck Drainage
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	005A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014	

DMR Mailing ZIP CODE: 9

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	(QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		****		*****	****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	пошото.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	007A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

50060 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

Req. Mon.

DAILY MX

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

ug/L

No Discharge

Quarterly

GRAB

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****					

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.

PERMIT

REQUIREMENT

2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS **PARAMETER** EX TYPE **VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** ***** ***** ***** Floating solids, waste or visible SAMPLE MEASUREMENT foam-visual PERMIT ***** ***** ***** ***** ***** 45613 1 0 Y=1;N=0 VISUAL Reg. Mon. Daily REQUIREMENT Effluent Gross VALUE **** ***** Chlorine, total residual SAMPLE ***** ***** MEASUREMENT

***** ***** ***** 50060 1 0 PERMIT .00585 .0102 **GRAB** mg/L Quarterly REQUIREMENT Effluent Gross MO AVG DAILY MX SAMPLE ***** ***** ***** ***** ***** Flow MEASUREMENT ***** ***** ***** ***** ***** **PERMIT ESTIMA** 74076 1 0 Req. Mon. bbl/d Monthly REQUIREMENT Effluent Gross MO AVG

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TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	monations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	учения.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that the evaluate the information submitted.		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	015A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALISIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
45613 1 0	PERMIT	*****	Req. Mon.	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

VALUE

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	-,			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

Discharging

		QUA	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0	PERMIT	*****	Req. Mon.	Y=1;N=0	*****	*****	*****	*****		Daily when	VISUAL

VALUE

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)
Laboratory Waste
External Outfall

No Discharge

ATTN: Marina Robertson

		QUA	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, fue, accurate, and complete, I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	- Totalions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	****	*****	*****		Annual	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148	021A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 022A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUA	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Diesel Oil Content	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	TELEPHONE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

_

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	18150 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****		****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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- 1. Diesel Oil Content refers to Diesel Oil Discharge.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	*****	****	*****	*****	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82600 O 0 See Comments	PERMIT REQUIREMENT	*****	10950000 YTD TOT	bbl/yr	*****	****	*****	*****		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	women's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform currently capable of discharging Produced Water for Beta Offshore.
- 2. Values listed in the DMR for zinc are post dilution (including the limits).
- 3. If Prod. water is discharged, 12 mo of monitoring is required for RP analysis, (Ellen & Eureka DMRs ONLY)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produce Water Quarterly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	****	****	*****	****					
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Toxicity collected only when discharging

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 003A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Refer to cover letter.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Deck Drainage
External Outfall

No Discharge ☐

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	noticols.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed (see attach report).

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 PERMIT NUMBER MM/DD/YYYY 12/01/2014

005A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	****	*****	*****	*****		Daily	VISUAL
Flow rate, domestic	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chlorine not required if properly operating a USCG approval marine sanitation device.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

PERMIT

REQUIREMENT

Req. Mon.

VALUE

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

45613 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

VISUAL

Daily

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS VALUE VALUE **VALUE** UNITS ***** ***** ***** ***** ***** SAMPLE Floating solids, waste or visible **MEASUREMENT** foam-visual

Y=1;N=0

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
- 2. There is no permit limit for chlorine for discharge (008, 009). Refer to attached chemical inventory if chlorinating.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS VALUE VALUE **VALUE** UNITS ***** ***** ***** ***** SAMPLE ***** Floating solids, waste or visible **MEASUREMENT** foam-visual

Effluent Gross REQUIREMENT VALUE	45013 1 FERMIT Req. MOTI. F-1,N-0	*****	Daily	VISUAL
SAMPLE MEASUREMENT	Lindent Gloss VALUE	l		i
Effluent Gross REQUIREMENT VALUE Discharging Flow SAMPLE ****** ****** ****** ******	IFFEE OIL VISUAL STEEL SAMPLE	*****		
ILION SAMPLE		*****		VISUAL
	I SAMPLE	*****		
74076 1 0 PERMIT Req. Mon. ****** bbl/d ****** ****** ****** Monthly Effluent Gross	1/40/010 FERMIT Req. Moti. DDM	*****	Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001148 011A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR (SUBR FW)

Boiler Blowdown
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

Effluent Gross

Flow

74076 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 013A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

Discharging

Monthly

ESTIMA

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS ***** ***** ***** ***** ***** Floating solids, waste or visible SAMPLE MEASUREMENT foam-visual PERMIT ***** ***** ***** ***** ***** 45613 1 0 Req. Mon. Y=1;N=0 VISUAL Daily REQUIREMENT Effluent Gross VALUE Free Oil Visual Sheen SAMPLE ***** ***** ***** ***** ***** MEASUREMENT ***** ***** ***** ***** 51689 1 0 **PERMIT** Req. Mon. Y=1;N=0 Daily when VISUAL REQUIREMENT

bbl/d

VALUE

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Req. Mon.

MO AVG

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

014A-A

MM/DD/YYYY

12/31/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the law of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LOCATION: LAT 33 35 .25 LO 118 07 37.52

LONG BEACH, CA 90802 FACILITY: PLATFORM ELLY PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001148 015A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUAN	ITITY OR LOADING QUALITY OR CONCENTRATION			NO.		SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

Req. Mon.

VALUE

PERMIT

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

51689 1 0

Effluent Gross

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Water Flooding Discharges

External Outfall

No Discharge

Daily when

Discharging

VISUAL

		QUAN	UANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			

Y=1;N=0

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Laboratory Waste External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingle with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)
Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	****	****	*****		Annual	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

 CAF001148
 020A-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2014
 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that the evaluate the information submitted.		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

ATTN: Marina Robertson

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

CAF001148 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLY

LOCATION: LAT 33 35 .25 LO 118 07 37.52

PACIFIC OCEAN, CA 90802

3000

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

ATTN: Marina Robertson											
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY